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|--|---------------------------|----------------------|
| Request | Application Number | 10/664,423 |
| for | Filing Date | September 17, 2003 |
| Continued Examination (RCE) Transmittal | First Named Inventor | Guy A. Rouleau |
| Address to: | Art Unit | 1649 |
| Mail Stop RCE Commissioner for Patents | Examiner Name | Daniel E. Kolker |
| P.O. Box 1450 Alexandria, VA 22313-1450 | Attorney Docket Number | GOUD:023USD2 |
| This is a Request for Continued Examination (RCE) under 37 CFR 1.14 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.14 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See historical before the CEs into the be submitted to the USPTO) on page 2. 1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s). a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on it. ii. Other b. Enclosed I. Amendment/Reply iii. Information Disclosure Statement (IDS) iii. Affidavli(s)/ Declaration(s) V. Other Miscellaneous | | |
| Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a a. period of | | |
| a. Deposit Account No. 50-1212/GOUD:023USD2 . I have enclosed a duplicate copy of this sheet. I. RCE fee required under 37 CFR 1.17(e) II. Extension of time fee (37 CFR 1.138 and 1.17) III. Other Check in the amount of \$ enclosed | | |
| c. Payment by credit card online through EFS-Web, | | |
| WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| | NT, ATTORNEY, OR AGENT RE | |
| Signature // What I - Canyon | Date | |
| MICHAEL R. RICHWESENER | | istration No. 51,898 |
| CERTIFICATE OF ELECTRONIC TRANSMISSION I hereby certify that this correspondence is being electronically submitted to the United States Patent and Trademark Office through EFS Web. | | |
| A STATE OF S | | |
| Signature Minhal ! | - 6 | |
| Name (Print/Type) MICHAEL R. KRAWZSENEK | Date | June 29, 2007 |
| This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 USE. C.12 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 numbers to complete, proceedings upon the individual case. Any comments on | | |

Takeman (Disc). So Department of Commence, P.O. Nox 1450, Alexandra, VA 22315-1450, DON TS SND FEED NO COMPLETE FORMS TO THIS ADDRESS SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandra, VA 22315-1450, DON TS SND FEED NO COMPLETE FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22315-1450. DON TS SND FEED NO COMPLETE FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22315-1450. DON TS SND FEED NO COMPLETE FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22315-1450. DON TS SND FEED NO COMPLETE FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22315-1450. DON TS SND FEED NO COMPLETE FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22315-1450. DON TS SND FEED NO COMPLETE FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22315-1450. DON TS SND FEED NO COMPLETE FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22315-1450. DON TS SND FEED NO COMPLETE FORMS TO THIS ADDRESS. SEND TO: MAIL STOP THE PATIENT TO THE PAT